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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

| | | |
|---|------------------------|-----------------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 10/680,902 |
| | Filing Date | October 8, 2003 |
| | First Named Inventor | Cuckler, et al. |
| | Art Unit | 3733 |
| | Examiner Name | James L. Swiger |
| Total Number of Pages in This Submission | Attorney Docket Number | 5490-000350 |

ENCLOSURES (check all that apply)

| | | | | |
|---|--|--|---------|--|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Response to Election/Restriction Requirement; return postcard. | | |
| <table border="1"><tr><td>Remarks</td><td>The Commissioner is hereby authorized to charge any additional fees that may be required under 37 CFR 1.16 or 1.17 to Deposit Account No. 08-0750. A duplicate copy of this sheet is enclosed.</td></tr></table> | | | Remarks | The Commissioner is hereby authorized to charge any additional fees that may be required under 37 CFR 1.16 or 1.17 to Deposit Account No. 08-0750. A duplicate copy of this sheet is enclosed. |
| Remarks | The Commissioner is hereby authorized to charge any additional fees that may be required under 37 CFR 1.16 or 1.17 to Deposit Account No. 08-0750. A duplicate copy of this sheet is enclosed. | | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|-------------------------------|----------------------------------|------------------------------------|--------------------|
| Firm or Individual name | Harness, Dickey & Pierce, P.L.C. | Attorney Name Richard W. Warner | Reg. No. 38,043 |
| Signature | | | |
| Date | Mar 31, 2006 | | |

CERTIFICATE OF TRANSMISSION/MAILING

| | | | |
|---|-------------------|---------------------------|-------------------------------|
| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. | | | |
| Typed or printed name | Richard W. Warner | Express Mail Label No. | EV 853 855 958 US (3/31/2006) |
| Signature | | Date | Mar 31, 2006 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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EV 853 855 958 US



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: 10/680,902
Filing Date: October 8, 2003
Applicant: Cuckler, et al.
Group Art Unit: 3733
Examiner: James L. Swiger
Title: BONE-CUTTING APPARATUS
Attorney Docket: 5490-000350

Director of the United States Patent
and Trademark Office
P.O. Box 1450
Alexandria, VA 22313-1450

RESPONSE TO ELECTION/RESTRICTION REQUIREMENT

Sir:

In response to the Restriction Requirement dated March 20, 2006, for which the time period to respond extends to April 20, 2006, Applicants elect Group A, Invention I (Claims 1-16, 26-33) with traverse.

Applicants' representative notes that Invention I only identifies Claims 1-15 and 26-33, however applicants' representative believes this is a typographical error and should also include dependent Claim 16, therefore we are including Claims 1-16 and 26-33 in our response.

The Examiner is requested to reconsider the Restriction Requirement since it appears that the subject matter defined within all the groups of claims are similar. Consequently, the field of search for each group should be essentially coextensive. Thus, the burden on the Examiner will not be significant to maintain each group of claims in this application.

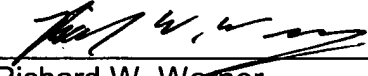
Should the Examiner have any further questions regarding the election, the Examiner is courteously requested to contact the undersigned at the Examiner's earliest convenience.

Respectfully submitted,

HARNESS, DICKEY & PIERCE, P.L.C.
Attorney for Applicants

Dated: Mar 31, 2006

P.O. Box 828
Bloomfield Hills, MI 48303
(248) 641-1600



Richard W. Warner
Reg. No. 38,043